



Complete Summary

TITLE

Cervical screening: the practice has a protocol that is in line with national guidance and practice for the management of cervical screening, which includes staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate smear rates.

SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Structure

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess whether or not the practice has a protocol that is in line with national guidance and practice for the management of cervical screening, which includes staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate smear rates.

RATIONALE

If a robust system for the management of cervical screening is not in place then this is an area of great risk for general practice. The policy may have been drawn up outwith the practice and should be in line with national guidance. This measure is one of two [Cervical Screening](#) measures.

PRIMARY CLINICAL COMPONENT

Cervical screening management (staff training, management of patient call/recall, exception reporting, regular monitoring of inadequate smear rates)

DENOMINATOR DESCRIPTION

This measure applies to practices (one practice at a time)

NUMERATOR DESCRIPTION

The practice has a protocol that is in line with national guidance and practice for the management of cervical screening, which includes staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate smear rates

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting
Pay-for-performance

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Does not apply to this measure

TARGET POPULATION GENDER

Does not apply to this measure

STRATIFICATION BY VULNERABLE POPULATIONS

Does not apply to this measure

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Not within an IOM Care Need

IOM DOMAIN

Not within an IOM Domain

Data Collection for the Measure

CASE FINDING

Does not apply to this measure

DENOMINATOR SAMPLING FRAME

Does not apply to this measure

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

This measure applies to practices (one practice at a time)

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

Does not apply to this measure

DENOMINATOR (INDEX) EVENT

Does not apply to this measure

DENOMINATOR TIME WINDOW

Does not apply to this measure

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The practice has a protocol that is in line with national guidance and practice for the management of cervical screening, which includes staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate smear rates

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Special or unique data

LEVEL OF DETERMINATION OF QUALITY

Does not apply to this measure

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Categorical Variable

INTERPRETATION OF SCORE

Passing score defines better quality

ALLOWANCE FOR PATIENT FACTORS

Does not apply to this measure

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

CS 7. The practice has a protocol that is in line with national guidance and practice for the management of cervical screening, which includes staff training,

management of patient call/recall, exception reporting and the regular monitoring of inadequate smear rates.

MEASURE COLLECTION

[Quality and Outcomes Framework Indicators](#)

MEASURE SET NAME

[Cervical Screening](#)

DEVELOPER

British Medical Association
National Health Service (NHS) Confederation

FUNDING SOURCE(S)

The expert panel who developed the indicators were funded by the English Department of Health.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

The main indicator development group is based in the National Primary Care Research and Development Centre in the University of Manchester. They are: Professor Helen Lester, NPCRDC, MB, BCH, MD; Dr. Stephen Campbell, NPCRDC, PhD; Dr. Umesh Chauhan, NPCRDC, MB, BS, PhD.

Others involved in the development of individual indicators are: Professor Richard Hobbs, Dr. Richard McManus, Professor Jonathan Mant, Dr. Graham Martin, Professor Richard Baker, Dr. Keri Thomas, Professor Tony Kendrick, Professor Brendan Delaney, Professor Simon De Lusignan, Dr. Jonathan Graffy, Dr. Henry Smithson, Professor Sue Wilson, Professor Claire Goodman, Dr. Terry O'Neill, Dr. Philippa Matthews, Dr. Simon Griffin, Professor Eileen Kaner.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None for the main indicator development group.

ENDORSER

National Health Service (NHS)

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2009 Mar

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

MEASURE AVAILABILITY

The individual measure, "CS 7. The Practice Has a Protocol That is in Line with National Guidance and Practice for the Management of Cervical Screening, Which Includes Staff Training, Management of Patient Call/Recall, Exception Reporting and the Regular Monitoring of Inadequate Smear Rates," is published in the "Quality and Outcomes Framework Guidance." This document is available from the [British Medical Association Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI Institute on October 1, 2009. The information was verified by the measure developer on March 4, 2010.

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